



FORM 4309C SEMI-ANNUAL COMMERCIAL FEED TONNAGE REPORT

Washington State Department of Agriculture
Pesticide Management Division
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(Please see instruction sheet for completing form)

This form must be completed if you listed any tonnage on line 3 of form 4309 or 4331.

A	<u>REPORTING PERIOD</u>
Check the applicable box and enter year: <input type="checkbox"/> January 1-June 30, 200__ <input type="checkbox"/> July 1-December 31, 200__	

B	COMPANY NAME	COMPANY #
Enter the company name and company number listed on form 4309 or 4331, box B:		

C	List the facility/location name, address and number of tons for each company you distributed to for which you are paying inspection fees. The information you provide on this form will be verified against the inspection reports from the companies you have listed.		For Dept. Use Only Co. #
		<u>TONS</u>	
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
GRAND TOTAL: (This amount must equal the amount listed on form 4309 or 4331, line 3)		D	